



Medical Necessity Criteria for Oral Inhaled Corticosteroids

Drug Class - Oral Inhaled Corticosteroids.

Background – After evaluating the relative clinical and cost effectiveness of these agents, the DoD P&T Committee recommended that the following medications be designated as non-formulary. This recommendation has been approved by the Director, TMA.

- Beclomethasone HFA MDI (QVAR)
- Budesonide DPI (Pulmicort Flexhaler)
- Ciclesonide HFA MDI (Alvesco)
- Flunisolide CFC HDI (AeroBid, AeriBid-M)
- Triamcinolone CFC MDI (Azmecort)

Effective Date: 19 December 2007

Patients currently using a nonformulary oral inhaled corticosteroid may wish to ask their doctor to consider a formulary alternative.

Special Notes:

1. Active duty cost share always \$0 in all points of service for all three tiers; Active duty cost share always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

Medical Necessity Criteria for Oral Inhaled Corticosteroids

The non-formulary cost share for Beclomethasone HFA MDI (QVAR), budesonide DPI (Pulmicort Flexhaler), ciclesonide HFA MDI (Alvesco), flunisolide CFC MDI (AeroBid, AeroBid-M), or triamcinolone CFC MDI (Azmecort) may be reduced to the formulary cost share IF one or more of the following criteria are met:

1. Use of ALL of the following formulary Oral Inhaled Corticosteroids is contraindicated: Flovent HFA (fluticasone HFA MDI), Flovent Diskus (fluticasone DPI), Asmanex Twisthaler (mometasone DPI), budesonide inhalation solution (generic).
2. The patient has experienced or is likely to experience significant adverse effects from ALL of the following formulary Oral Inhaled Corticosteroids: Flovent HFA (fluticasone HFA MDI), Flovent Diskus (fluticasone DPI), Asmanex Twisthaler (mometasone DPI), budesonide inhalation solution (generic).
3. The patient previously responded to non formulary agent and changing to ALL of the following formulary agents would incur unacceptable risk: Flovent HFA (fluticasone HFA MDI), Flovent Diskus (fluticasone DPI), Asmanex Twisthaler (mometasone DPI), budesonide inhalation solution (generic).

Criteria approved through the DoD P&T Committee process August, 2007

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TRICARE Pharmacy Program Medical Necessity Form for Inhaled Corticosteroids (ICSs)



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This form applies to the TRICARE Pharmacy Program (TRRx). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- **Budesonide inhalation solution (Pulmicort Respules, generic), Flovent HFA (fluticasone HFA), Flovent Diskus (fluticasone DPI), and Asmanex Twisthaler (mometasone DPI) are the inhaled corticosteroids on the DoD Uniform Formulary.** QVAR (beclomethasone HFA MDI), Pulmicort Flexhaler (budesonide DPI), Alvesco (ciclesonide HFA MDI), AeroBid (flunisolide CFC MDI), and Azmacort (triamcinolone CFC MDI) are non-formulary, but available to most beneficiaries at the non-formulary cost share.
- You do NOT need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication instead of a formulary medication is medically necessary. If a non-formulary medication is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- TRICARE will not cover a non-formulary medication for Active duty service members unless it is determined to be medically necessary instead of a formulary medication, in which case it will be available to Active duty service members at no cost share.

MAIL ORDER and RETAIL	<ul style="list-style-type: none">• The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477• The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TpharmPA@express-scripts.com	MTF	<ul style="list-style-type: none">• Non-formulary medications are available at MTFs only if both of the following are met:<ul style="list-style-type: none">▪ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.▪ The non-formulary medication is determined to be medically necessary.• Please contact your local MTF for more information. There are no cost shares at MTFs.
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There is no expiration date for approved medical necessity determinations.

Step 1 Please complete patient and physician information (Please print)

1	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	Sponsor ID #: _____	Phone #: _____
	Date of Birth: _____	Secure Fax #: _____

Step 1. Please indicate which inhaled corticosteroid is being requested:

2. Please explain why the patient cannot be treated with a formulary medication:

Please explain why the patient cannot be treated with the formulary medications. Circle a reason code if applicable. You **MUST** supply a specific written clinical explanation as to why each of the formulary medications would be unacceptable.

Formulary Medication	Reason	Clinical Explanation
Asmanex Twisthaler (mometasone DPI)	1 2 3	
Pulmicort Respules (budesonide inhalation solution)	1 2 3	
Flovent HFA (fluticasone HFA MDI)	1 2 3	
Flovent Diskus (fluticasone DPI)	1 2 3	

1. Use of the formulary medication is contraindicated (e.g., due to hypersensitivity).
2. The formulary medication has resulted in or is likely to result in therapeutic failure.
3. No alternative formulary medication is available. This reason applies specifically to budesonide, which is classified as FDA pregnancy risk category B.

Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

3

Prescriber Signature

Date